

DOMESTIC ASSESSMENT MUTUAL FIRE INSURANCE COMPANIES

ANNUAL STATEMENT  
For the Year Ending December 31, 200\_\_

Of the condition and affairs of the \_\_\_\_\_ Mutual Fire Insurance Company  
of \_\_\_\_\_, in the State of New Hampshire, made to the Insurance  
Commissioner in pursuance of the laws of said State.

Incorporated, \_\_\_\_\_, 19 \_\_\_\_ Commenced Business, \_\_\_\_\_, 19 \_\_\_\_

President, \_\_\_\_\_ P.O. Address \_\_\_\_\_

Secretary, \_\_\_\_\_ P.O. Address \_\_\_\_\_

Treasurer, \_\_\_\_\_ P.O. Address \_\_\_\_\_

DIRECTORS

\_\_\_\_\_, P.O. Address, \_\_\_\_\_, P.O. Address, \_\_\_\_\_  
\_\_\_\_\_, P.O. Address, \_\_\_\_\_, P.O. Address, \_\_\_\_\_  
\_\_\_\_\_, P.O. Address, \_\_\_\_\_, P.O. Address, \_\_\_\_\_  
\_\_\_\_\_, P.O. Address, \_\_\_\_\_, P.O. Address, \_\_\_\_\_  
\_\_\_\_\_, P.O. Address, \_\_\_\_\_, P.O. Address, \_\_\_\_\_

I.		
1. Ledger assets (as per balance) December 31 of previous year* .....		\$
II-INCOME.		
2. Gross cash premiums on all business written during the year*:\$		
3. Deduct return premiums.....		
4. Total net premiums written.....	\$	
5. Assessments actually received without deduction for commissions or expense:		
(a) On current year's assessments.....	\$	
(b) On previous year's assessments.....	\$	
6. Total assessments received.....	\$	
7. Policy fees as written in policies issued during the year*** .....	\$	
8. Total paid by policy-holders .....		
9. Gross interest and rents from all sources (give items and amounts):		
10. _____	\$	
11. _____		
12. _____		
13. Total interest and rents .....		
14. Money borrowed during year (gross) .....		
15. From all other sources, viz. (give items and amounts):		
16. _____		
17. _____		
18. _____		
19. Total income during year .....	\$	
20. Total (sum of lines 1 and 19).....	\$	

\* This amount should agree with the amount on page 2, line 28, of last year's statement.  
\*\* Include premiums as written in policies issued, extra premiums, charges for permits, etc.  
\*\*\* Policy fees should be accounted for, whether they are actually received by the company or not.

III,-DISBURSEMENTS		
1. Paid for losses (including \$ _____ occurring in previous years).....	\$ _____	
2. Expenses of adjustment and settlement of losses.....		
3. Agent's commissions on premiums.....\$ _____		
4. Policy fees retained by agents.....		
5. Total paid agents (lines 3 and 4).....		
6. Paid for making assessments.....\$ _____		
7. Paid for collecting assessments.....		
8. Total expense of making and collecting assessments (lines 6 and 7).....		
9. Officers and employees, services *\$ _____; fees, \$ _____.....		
10. Borrowed money repaid, \$ _____; interest paid, \$ _____.....		
11. Insurance department fees.....		
12. Rent, \$ _____; Taxes, \$ _____; Advertising, \$ _____		
Printing and stationary, \$ _____; Postage, Telegraph, telephone and express, \$ _____		
13. All other disbursements (give items and amounts):		
14. _____		
15. _____		
16. _____		
17. Total disbursements.....		\$ _____
18. Balance, difference between lines 20, line 1, and 17, Page 2.....		\$ _____
IV.-LEDGER ASSETS		
19. Cash in company's office**.....\$ _____		
20. Cash in banks (give names and amounts):		
21. _____		
22. Total cash, lines 19, 20 and 21.....	\$ _____	
23. Book value of notes, bonds, or other securities (not including premium notes) as per schedule B.....		
24. Premiums, due and unpaid to company on policies issued.....		
25. Other ledger assets (give items and amounts):		
26. _____	\$ _____	
27. _____		
28. Total ledger assets as per balance***.....		
NON-LEDGER ASSETS		
29. Unpaid Assessments (Current Year).....	\$ _____	
30. Unpaid Assessments (Previous Year).....		
31. Furniture and fixtures.....		
32. Other property of the company (items and amounts):.....		
33. ....		
34. Interest Due and Accrued (items and amounts):.....		
35.....		
36. Total non-ledger assets.....		
37. Gross assets.....		

\*Not including amount returned in any other item.

\*\*Include cash in hand of secretary and treasurer, not deposited.

\*\*\*This amount must agree with line 18, this page.

NOTE: A statement should be filed with this Department, signed by the officers of the company, setting forth the Policy Number, Name of the Assured, and the amount of uncollectible policy premiums or assessments approved at the annual meeting and deducted under Items 1 and 2, Page 3 of this annual statement form.



